IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	**Confirmation No.: 9168**
Naomi SEKINO, et. al.	Date: October 15, 2009
Serial No.: 10/729,074	Group Art Unit: 3768
Filed: December 4, 2003	Examiner: Sanjay CATTUNGAL
For: ENDOSCOPIC LITHOTRIPSY APPARATUS AND LITHOTRIPSY METHOD OF TREATMENT OBJECT USING THE APPARATUS	

VIA EFS-WEB
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR REFUND OF
EXTRA CLAIM FEE

Sir:

Applicant requests a refund in the amount of **$220.00** for an erroneously charged extra independent claim fee. On December 4, 2003 Applicant filed the above-identified application with the Patent Office. Applicant submitted a payment of $1,144.00 (included in our Check No. 13473) for the application filing fee including the extra claims fees for one extra independent claim and sixteen extra claims total. See copy transmittal form and PTO Fee Record and Worksheet attached. However, on July 9, 2009, the Patent Office charged our Deposit Account in the amount of $220.00 for one extra independent claim (see attached). There are still only four independent claims in the instant application: i.e., claims 1, 13, 34 and 36, all of which have already been paid for with the filing of the application on December 4, 2003. Therefore, the Patent Office has erroneously charged us a second time.

Pursuant to 37 C.F.R. §1.28, it is requested that a refund be granted in the amount of **$220.00** It is requested that the refund be deposited to our Deposit Account No. 15-0700.

Respectfully submitted,

THIS CORRESPONDENCE IS BEING
SUBMITTED ELECTRONICALLY·
THROUGH THE UNITED STATES
PATENT AND TRADEMARK OFFICE
EFS FILING SYSTEM
ON OCTOBER 15, 2009

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OFGS File No. : P/3541-52
Inventor   : Naomi Sekino, et al.
Title   : ENDOSCOPIC LITHOTRIPSY APPARATUS AND
                   LITHOTRIPSY METHOD OF TREATMENT OBJECT
                   USING THE APPARATUS

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Enclosed herewith please find the following documents in the above-identified application for United States Letters Patent:

√	Print EFS Data Sheet
62	Pages of Specification including Abstract and Claims
36	Numbered Claims Calculated as 36 Claims for Fee Purposes
5	Sheets of Drawing Containing Figures 1 to 9 . (Formal)
	Declaration and Power of Attorney
√	Priority is Claimed under 35 U.S.C. §119:
	Convention Date December 4, 2002 for Japanese Appln. S.N. 2002-352702
√	Certified Priority Application
√	Form 1449
	Small Entity Status is claimed.
	Assignment
√	Return-Addressed Post Card

OFGS Check No. 13473, which includes the fee of $1,144.00, calculated as follows:

Basic Filing Fee:	$ 770.00
Additional Filing Fees:	
Total Number of Claims in Excess of 20, times $18:	288.00
Number of Independent Claims in Excess of 3, times $86:	86.00
One or More Multiple Dependent Claims: Total $290:	
Total Filing Fees or	1,144.00
Total Filing Fee Reduced 50% for Small Entity:	
Assignment Recording Fee: $40	
TOTAL Filing Fee and Assignment Recording Fee:	$1,144.00

00638329.1

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/10/2003 WASFAW1 00000064 10729074

01 FC:1001	770.00 OP
02 FC:1201	86.00 OP
03 FC:1202	288.00 OP

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

P/354-52

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	36	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	36 minus 20=	* 16
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐   OR   **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X$ 9=		OR	X$18=	288
X43=		OR	X86=	86
+145=		OR	+290=	
TOTAL		OR	TOTAL	1144

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY   OR   **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Transaction Details

Type:	Sale	**Name/Number:**	10729074
Status:	Active	**Attorney Docket Number:**	P/3541-52
Accounting Date:	07/09/2009		

Sale Items

Name/Number	Attorney Docket Number	Status	Quantity	Item Total	Payment Amount	Fee Code	Description
10729074	P/3541-52	Active	1	$220.00	$220.00	1201	INDEPENDENT CLAIMS IN EXCESS OF THREE

Payment Details

Payment Type	Total Payment Amount	Payment Date	Payment Amount (this sale)
Deposit Account	$220.00	07/09/2009	$220.00